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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Marchitto, K. & Flock, S.

FILED: March 24, 2004

SERIAL NO.: 10/808,108

FOR: Microsurgical Tissue Treatment  
System

Commissioner of Patents  
P.O. Box 1450  
MS DD  
Alexandria, VA 22313-1450

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ART UNIT:

EXAMINER:

DOCKET:  
D6476CIP

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

Dear Sir:

I hereby certify under 37 CFR 1.8 that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to: Commissioner of Patents, BOX DD, Alexandria, VA 22313.

- 1) Information Disclosure Statement;
- 2) Information Disclosure Statement Cover Letter;
- 3) PTO Form 1449 (Three References cited); and
- 4) Postcard.

Please return the enclosed postcard acknowledging receipt of this correspondence.

Respectfully submitted,

Date: Sept 8, 2004

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Counsel for Applicant



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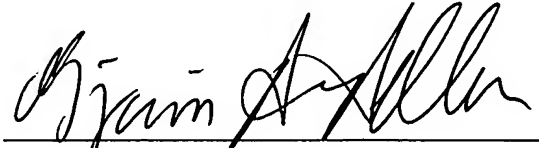
**INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97(a)**

Dear Sir:

Enclosed herewith for filing under 37 C.F.R. 1.97(a) in the above-referenced matter is form PTO-1449 together with copies of the references listed therein. If any questions remain, the Examiner is respectfully requested to call the undersigned attorney at (713)-270-5391.

Respectfully submitted,

Date: Sept 8, 2004  
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Counsel for Applicant



## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

Information Disclosure  
Statement**DOCKET NO.:** D6476CIP  
**SERIAL NO.:** 10/808,108  
**APPLICANT:** Marchitto, et al.  
**FILING DATE:** March 24, 2004  
**GROUP:**

## U.S. PATENT DOCUMENTS

Examiner Initial	Document Number	Date	Name	Class	Subclass	Filing Date
	4,331,422	5/25/82	Heyman et al.	433	125	8/14/80
	US2002/0065533	5/30/02	Weaver et al.	606	191	6/07/01
	5,019,034	5/28/91	Weaver et al.	604	20	5/28/91

## FOREIGN PATENT OR PUBLISHED FOREIGN PATENT APPLICATION

**Publication:** Patent Cooperation Treaty (PCT)**Translation:****Document Number:****Date:****Country:****Class Or Subclass** A61K**Patent:** Yes ☐ No ☒**Title:**

## OTHER DOCUMENTS (Including Author, Title, Place of Date, Publication)

**Examiner****Date Considered****EXAMINER:** Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Substitute Disclosure Form (PTO-1449)